

<div>FSA-155 (02-27-03)</div> <div>REQUEST FOR FARM RECONSTITUTION</div>	USDA-FSA	1. County FSA Name and Address	3. Type of Reconstitution <div>Farm <input type="checkbox"/> Tract <input type="checkbox"/> Combination <input type="checkbox"/> Division <input type="checkbox"/>  Farm <input type="checkbox"/> Tract <input type="checkbox"/> Division <input type="checkbox"/> Combination <input type="checkbox"/></div>
		2. Reconstitution No.:	
	4. Reason for Reconstitution	5. Approximate Date of Change (MM-DD-YYYY)	

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Agricultural Adjustment Act of 1938, as amended, and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171). The information will be used to reconstitute your farming operation. Furnishing the requested information is voluntary. Failure to furnish and file the requested information will result in the denial of further monies or other program benefits as required by existing law and regulations. This information maybe provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, maybe applicable to the information provided.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0025. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

6. FARM IDENTIFICATION:

A. Parent Farm or Tract No.	B. Total Farmland	C. Total Cropland	D. Total DCP Cropland	E. Farm Identifier	F. Operator	G. Owner
H. Resulting Farm or Tract No.	I. Total Farmland	J. Total Cropland	K. Total DCP Cropland	L. Farm Identifier	M. Operator	N. Owner

7. METHOD OF DIVISION:

A. Crop	B. Parent Farm Bases/ Allotments/Quotas	C. Check Appropriate Method							
		Estate	Designation	Contribution	DCP Cropland	Cropland	History	Default	

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**8. DIVISION BY OWNER DESIGNATION OR ESTATE:**

A. Parent Farm	B. Tract No.	C. Crop	D. Bases/ Allotments/ Quotas	E. Resulting Farms			
				(1) Farm/Tract No.:		(2) Farm/Tract No.:	
				(a) Bases/Allotments/ Quotas	(b) Percentage (Tobacco Only)	(a) Bases/Allotments/ Quotas	(b) Percentage (Tobacco Only)

**9. SELLER AND PURCHASER MEMORANDUM OF UNDERSTANDING OF BASES, ALLOTMENTS, AND QUOTAS:**

*I, the undersigned, agree to the above designation of bases, allotments, and quotas, which serves as a memorandum of understanding between seller and purchaser.*

A. Seller's Signature	B. Date (MM-DD-YYYY)	C. Purchaser's Signature	D. Date (MM-DD-YYYY)

	YES	NO
10. Is this a partial reconstitution (For tobacco only)?		
11. Will there be an adverse effect to any producer by reconstituting any crops? If "YES", what crops?		
12. Is the parent farm in CRP?		
13. If combination, will combined farm be operated as a single farming unit?		
14. Are there any adverse HELC flags on farms or tracts being combined? If "YES", refer to NRCS .		
15. A. Has cost share assistance been received for any lifespan conservation practices?		
B. If "YES", has new owner and/or operator been informed of requirements?		

**16. CERTIFICATION AND AGREEMENT:**

*I, the undersigned, certify that to the best of my knowledge and belief the information shown above is correct and I request and agree to the reconstitution. The results of the reconstitution will be shown on the COC report. The report will be made available upon request after the reconstitution is completed.*

A. Signature of Operator/Owner	B. Date (MM-DD-YYYY)	A. Signature of Operator/Owner	B. Date (MM-DD-YYYY)

**17. COUNTY COMMITTEE ACTION:**

*This action applies to reconstitution of farms, tracts, bases, allotments, and quotas.*

A. County Committee Person Signature	B. Date (MM-DD-YYYY)	C. County Committee Action
		APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>